



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

January 24, 2011

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Grateful Greens, 1451 'O' Street requesting a class I/K liquor license.

James Larson, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

James Larson was born in Lincoln, Nebraska. He attended Northeast High School graduating in 1988.

James Larson employment history is as follows:

2009 - Present	Owner, Hawkins Restaurant Group	Lincoln, NE.
2007 - 2009	Manager, Open Harvest	Lincoln, NE.
2005	Cook, Grateful Bread	Lincoln, NE.
2004 - 2005	Team Member, Whole Foods	San Francisco, CA.

The required training was completed on December 9<sup>th</sup> 2010.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



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**APPLICATION FOR LIQUOR LICENSE  
CATERING LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov

JAN - 4 2011

NEBRASKA LIQUOR  
CONTROL COMMISSION

**FEE \$100.00**

A catering license allows a retail licensee to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The catering license is renewed in the same manner and time as the retail license held by the licensee. A licensee shall not cater an event unless a SDL has been obtained. *An applicant seeking a SDL must be filed with the local governing body where the event is to be held at least 21 days prior to the event.* The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL when submitted to the Commission. The \$40 per day license fee is waived for the holder of a catering license and the number of events allowed is unlimited.

CLASS OF LICENSE AND NUMBER Class I

NAME OF LICENSEE Hawkins Restaurant Group LLC

TRADE NAME Grateful Greens Gourmet Chopped Salads

PREMISE ADDRESS 1451 O Street, Suite 200

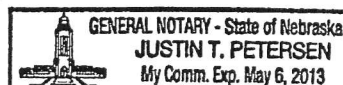
CITY/STATE/ZIP CODE Lincoln, NE 68508

A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev. state., for delivery of licenses.

[Signature]  
Signature of Licensee

Subscribed in my presence and sworn to before me this 14 day of Jan, 2011

[Signature]  
Notary Public Signature & Seal



**APPLICATION FOR LIQUOR LICENSE  
RETAIL**

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/

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CONTROL COMMISSION

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES  
CHECK DESIRED CLASS(S)**

**RETAIL LICENSE(S)**

Application Fee \$400

- ☐ A BEER, ON SALE ONLY
- ☐ B BEER, OFF SALE ONLY
- ☐ C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
- ☐ D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- ☒ I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- ☐ AB BEER, ON AND OFF SALE
- ☐ AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- ☐ IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY
- ☐ ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

- ☒ Class K Catering license (requires catering application form 106)

\$100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31

All other licenses run from May 1 – April 30

Catering license (K) expires same as underlying retail license

**TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)**

- ☐ Individual License (requires insert form 1)
- ☐ Partnership License (requires insert form 2)
- ☐ Corporate License (requires insert form 3a & 3c)
- ☒ Limited Liability Company (LLC) (requires form 3b & 3c)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)**  
**Commission will call this person with any questions we may have on this application**

Name \_\_\_\_\_ Phone number: \_\_\_\_\_

Firm Name \_\_\_\_\_

**PREMISE INFORMATION**Trade Name (doing business as) Grateful Greens Gourmet Chopped SaladsStreet Address #1 1451 O Street, Suite 200

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster Zip Code 68508Premise Telephone number <sup>402-</sup>560-2304 (Jim's cell)Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the Commission)

Name Hawkins Restaurant Group LLC c/o James W. Larson

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Street Address

#1 5204 South Street

JAN - 4 2011

Street Address

#2 \_\_\_\_\_

NEBRASKA LIQUOR

CONTROL COMMISSION

City Lincoln State NE Zip Code 68506**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED****READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

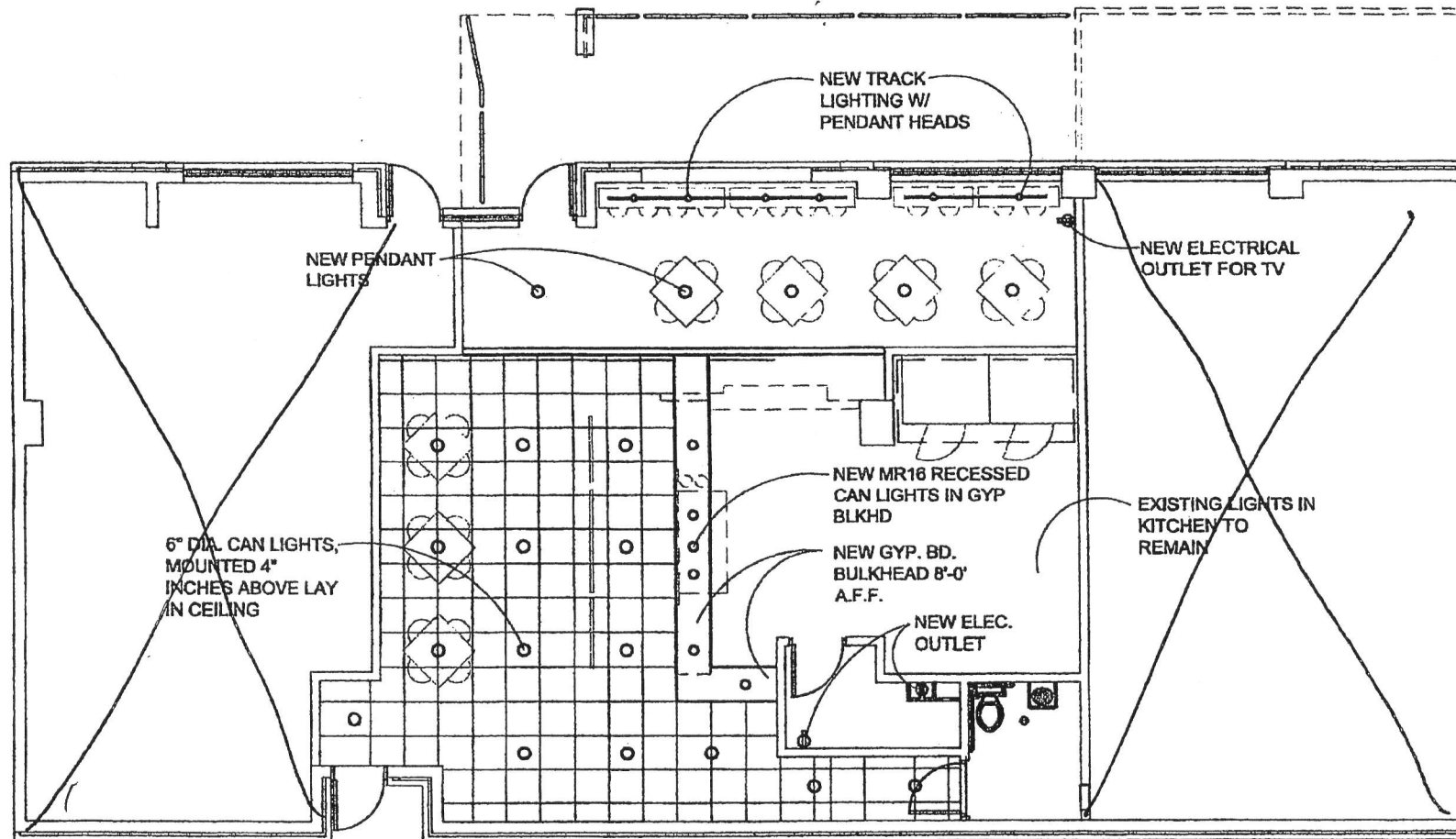
**\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 41' 6" feetWidth 37' 6" feet

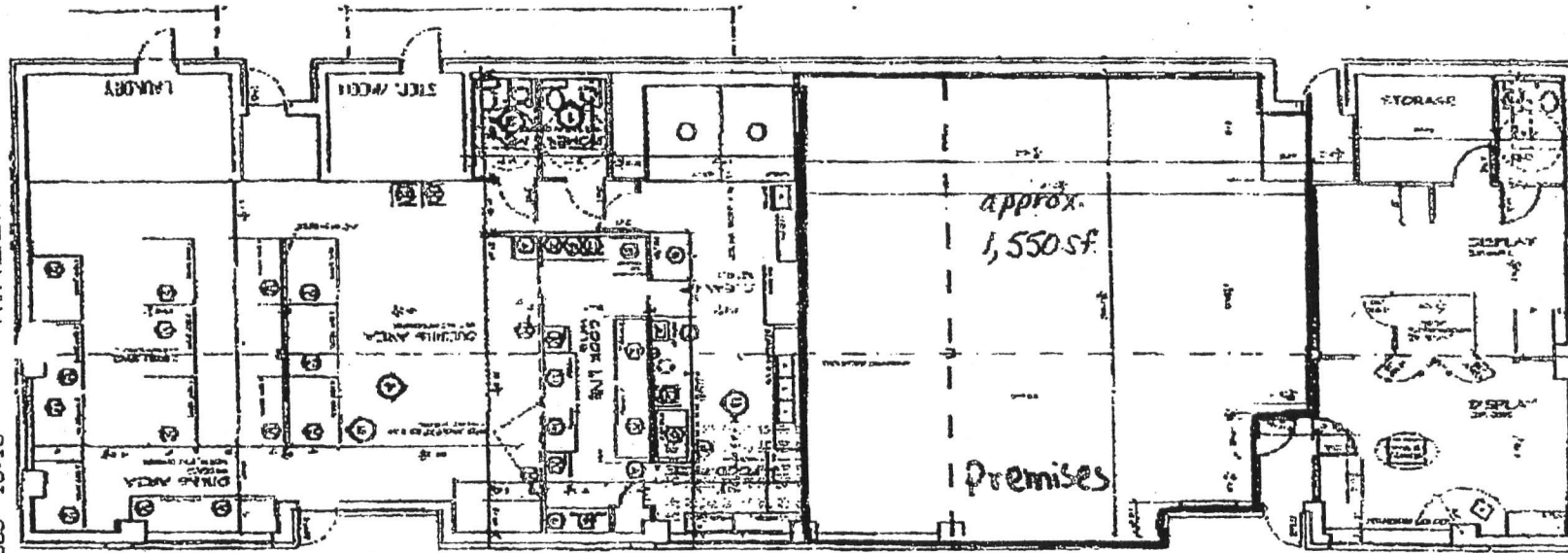
PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



North



one floor



1451 "O" Street.

← "O" Street →

Sidewalk Cafe next Summer

FLOOR PLAN ⊕

1/2

**APPLICANT INFORMATION****1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
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				JAN - 4 2011
				NEBRASKA LIQUOR CONTROL COMMISSION

**2. Are you buying the business of a current retail liquor license?**

☐ YES ☒ NO

If yes, give name of business and liquor license number \_\_\_\_\_

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

**3. Was this premise licensed as a liquor licensed business within the last two (2) years?**

☐ YES ☒ NO

If yes, give name and license number \_\_\_\_\_

**4. Are you filing a temporary operating permit to operate during the application process?**

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (form 125)

b) Attach statement(s) from all beer wholesalers (in your particular geographical area) and all liquor wholesalers indicating that the seller is not delinquent or have any debts owed to the wholesalers.

**5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?**

☐ YES ☒ NO

If yes, list the lender But we may do so in the future.

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. (All involved persons must be disclosed on application)

---

**No silent partners**

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☒ YES ☐ NO

If yes, list such item(s) and the owner. the walkin cooler is owned by the landlord

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

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9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

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10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

West Gate Bank James W. Larson

12. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

N/A

13. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

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CONTROL COMMISSION

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
James W. Larson	1989-1991	Bartender at Pla-Mor Ballroom
James W. Larson	1993	Bartender at Barry's Bar and Grill
James W. Larson	1995	Bartender at Via Via's Pizza

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ☒ Lease: expiration date January 15, 2021
- ☐ Deed
- ☐ Purchase Agreement

15. When do you intend to open for business? January 15, 2011
16. What will be the main nature of business? a restaurant selling Salads, Soups and beverages
17. What are the anticipated hours of operation? 11AM - 7pm Monday - Saturday.  
We may stay open as late as 10pm.  
We may open earlier on game days.

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM TO		SPOUSE: CITY & STATE	YEAR FROM TO	

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

  
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

  
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

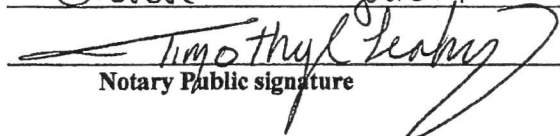
\_\_\_\_\_  
Signature of Spouse


State of ~~Nebraska~~ Oregon  
County of Multnomah

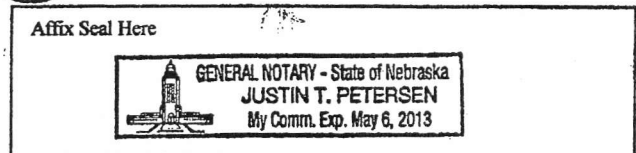
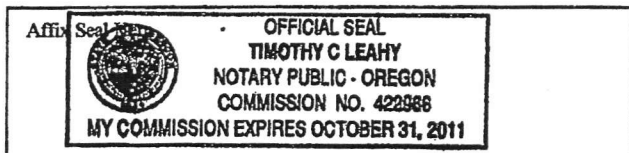
County of Lancaster

The foregoing instrument was acknowledged before me this 3<sup>rd</sup> of December 2010 by

The foregoing instrument was acknowledged before me this 4<sup>th</sup> of Jan 2011 by

Steven D. Lydick  
  
Notary Public signature

James Larson  
  
Notary Public signature



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.  
A ten day advance period is required in writing to produce the alternate format.

**Residences for the past 10 years**

**James W. Larson**

September 2006 – Present

5204 South Street  
Lincoln, NE 68506

August 2005 – August 2006

1253 South 23<sup>rd</sup> Street  
Lincoln, NE 68502

August 2004 – August 2005

595 John Muir Drive Apt. #714  
San Francisco, CA 94132-6113

November 2002 – August 2004

1111 J Street Apt. #54  
Davis, CA 95616

January 2001 – October 2002

1648 Harwood Street  
Lincoln, NE 68502

October 2000 – January 2001

5730 Otoe Street  
Lincoln, NE 685??

**Steven Douglas Lydick**

2010

Roseburg, OR

2006-2010

Fairfax, VA

1999-2006

Grand Island, NE

**Christina Dianne Lydick**

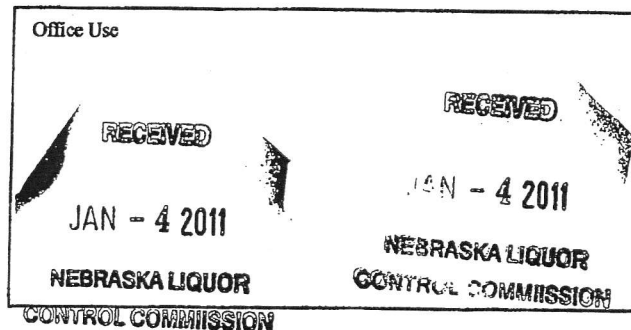
2010

Falls Church, VA



**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)



- 1) All members and spouses must be listed
- 2) Managing member or contact member must sign
- 3) Managing member and spouse must file fingerprint cards.  
Spouse may file affidavit of nonparticipation in lieu of fingerprint cards.

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: James Larson

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Hawkins Restaurant Group LLC DBA Grateful Greens Gourmet Chopped Salads

LLC Address: 5204 South Street

City: Lincoln State: NE Zip Code: 68506

LLC Phone Number: 402-560-2304 LLC Fax Number \_\_\_\_\_

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Larson First Name: James MI: Weston

Home Address: 5204 South Street City: Lincoln

State: NE Zip Code: 68506 Home Phone Number: 402-327-9324

State of Nebraska  
County of Lancaster

James W. Larson  
Signature of Managing/Contact Member

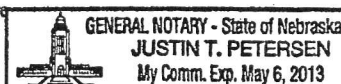
The foregoing instrument was acknowledged before me this

January 04 2011  
date

by James Larson  
name of person acknowledged

Justin T. Petersen  
Notary Public signature

Affix Seal Here



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Larson First Name: James MI: Weston

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 50 %

---

Last Name: Lydick First Name: Steven MI: Douglas

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 50 %

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Is the applying Limited Liability Company controlled by another Corporation/Company?

☐ YES

☒ NO

If yes; name of corporation/company \_\_\_\_\_

☐ Submit organizational chart

☐ Submit articles of incorporation or authorization to do business in the state of Nebraska from  
Secretary of State's office

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: January Ending Date: December

Is this a Non Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #. \_\_\_\_\_

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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Office Use

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Corporate manager, including spouse, are required to adhere to the following requirements  
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

**Corporation/Limited Liability Corporation (LLC) information**

Name of Corporation/LLC: Hawkins Restaurant Group LLC

**Premise information**

Premise License Number: \_\_\_\_\_

(if new application leave blank)

Premise Trade Name/DBA: Grateful Greens Gourmet Chopped Salads

Premise Street Address: 1451 O Street, Suite 200

City: Lincoln State: NE Zip Code: 68508

Premise Phone Number: \_\_\_\_\_

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

James W. Larson

CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Larson First Name: James MI: Weston

Home Address (include PO Box if applicable): 5204 South Street

City: Lincoln State: NE Zip Code: 68506

Home Phone Number: 402-327-9324 Business Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ Nebraska

Date Of Birth: \_\_\_\_\_ Place Of Birth: Lincoln Nebraska

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

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Spouse's information

NEBRASKA LIQUOR

CONTROL COMMISSION

Spouses Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER

Manager and spouse must review and answer the questions below  
PLEASE PRINT CLEARLY

1. **READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

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2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☐ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☐ YES

☐ NO

5. List the training and/or experience (when and where)

Date:	Where:

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

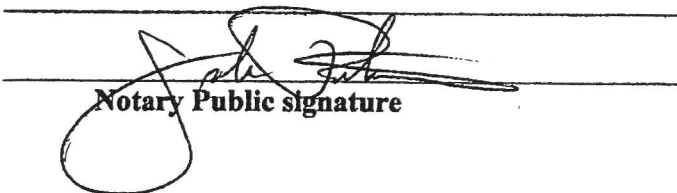
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

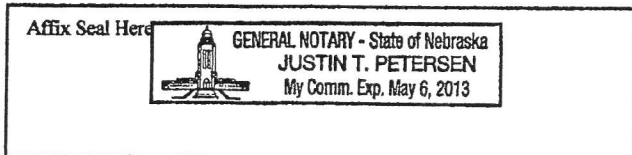
  
Signature of Manager Applicant

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this January 04, 2011 by

  
Notary Public signature

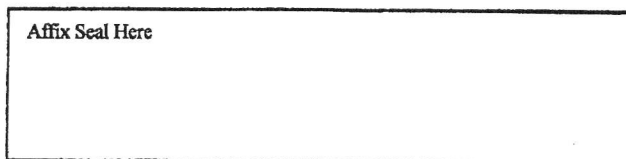


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Signature of Spouse  
NEBRASKA  
CONTROL COMMISSION

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by

\_\_\_\_\_  
Notary Public signature





# STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

9/8/2010

LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
DEPARTMENT OF HEALTH AND  
HUMAN SERVICES

## STATE OF NEBRASKA—DEPARTMENT OF HEALTH Bureau of Vital Statistics CERTIFICATE OF LIVE BIRTH

70

126-  
L-635

NAME James Weston Larson			DATE OF BIRTH (MONTH, DAY, YEAR) 11:52 p.m.	
SEX Male	THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) Single	IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)	COUNTY OF BIRTH Lancaster	
TOWN, OR LOCATION OF BIRTH Lincoln		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) Lincoln General Hospital	
MOTHER—MAIDEN NAME Cheryl Jean Hawkins			AGE (AT TIME OF THIS BIRTH) 22	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska
COUNTY Nebraska	CITY, TOWN, OR LOCATION Lancaster	CITY, TOWN, OR LOCATION Lincoln	INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	STREET AND NUMBER 4119 North 60th 68507
FATHER—NAME James Millard Larson			AGE (AT TIME OF THIS BIRTH) 21	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska
GRANDFATHER—NAME OR SIGNATURE Mrs. Cheryl Larson			RELATION TO CHILD Mother	
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE ABOVE.			DATE SIGNED (MONTH, DAY, YEAR)	ATTENDANT—M.D., D.O., OTHER (SPECIFY) M.D.
SIGNATURE <i>L. Palmer Johnson</i>			MAILING ADDRESS Lincoln, Nebraska	DATE RECEIVED BY LOCAL REGISTRAR FEB 25 1970
STRAT—SIGNATURE <i>L. Palmer Johnson</i>				



1100000058

Thanks much,  
Steve Lydick

